



**Nassau County  
Office of Minority Affairs  
Minority/ Woman-Owned Business Enterprise**

**M/WBE Certification**  
Fall 2005

**Certification Disclaimer**

Firms must register online with Nassau County prior to completing the certification application. Please be advised that Nassau County Office of Minority Affairs (OMA) will **not** begin to accept certification applications from Minority/Women Owned Business Enterprise (MWBE) Firms until December 1, 2005.

We will notify you of our decision within 60 days of the receipt of a complete certification application. We encourage all applicants to provide the necessary documentation required for certification.

This disclaimer does not prohibit any firm from registering with Nassau County. We encourage all MWBE firms to register online at [www.nassaucountyny.gov](http://www.nassaucountyny.gov)

Thank you for your time and effort,

John H. Moyer  
Executive Director



# NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

## MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE

### CERTIFICATION APPLICATION

**General Instructions:** *(PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY SPACES ON THE APPLICATION.)* If a question is not applicable to your business insert "N/A" in the space provided for your answer. You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.

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- 1a.** Name and Street Address of Applicant Firm *(Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. Should be identified as "ABC Construction, Inc.", not as "ABC Construction")*.

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- 1b.** "Doing Business As" (D/B/A) Name  
*(Complete if firm does business under an assumed or trade name that is different from its legal name.)*

- 1c.** Mailing Address *(Complete if different from street address.)*

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- 2.** Business Phone Number: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

- 3.** Federal Employer Identification Number OR Social Security Number *(A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, contact the U.S. Internal Revenue Service at (516)477-4955. Sole proprietorships may submit social security number of the owner in lieu of the federal identification number.)* \_\_\_\_\_

- 4a.** Name of Company President/ Chief Executive Officer/ Owner

President	Chief Executive Officer	Owner
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- 4b.** Name & Title of officer of the firm who can be contacted during the application review process.

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5. This Firm is applying for certification as: *(Please refer to page 16 of this application to determine the appropriate designation for your company. One or more categories may be designated.)*

☐ Minority Business Enterprise (MBE)

☐ Women-Owned Business Enterprise (WBE)

☐ Disadvantaged Business Enterprise (DBE)

6. Does this firm have current Small Business Administration (SBA) 8 (a) status?

☐ Yes

☐ No

If Yes, please attach a copy of the SBA letter of approval.

7. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority?

☐ Yes

☐ No

If Yes, please identify agency, department or authority.

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**8a.** Type of ownership *(Please specify current ownership.)*

☐ Sole Proprietorship \_\_\_\_\_ Certificate of Trade Name on file in \_\_\_\_\_  
Date Established County

☐ Partnership \_\_\_\_\_ Business Certificate for Partners on file in \_\_\_\_\_  
Date Established County

☐ Corporation \_\_\_\_\_ Certificate of Incorporation on file in \_\_\_\_\_  
Date Established State

**8b.** Did the business exist under a different type of ownership prior to the date indicated in question 8a?

☐ Yes

☐ No

If Yes, Explain \_\_\_\_\_

**8c.** Has your Certificate of Incorporation or business certificate been amended?

☐ Yes

☐ No

If Yes, Explain \_\_\_\_\_

**8d.** Method of Acquisition (*check all applicable*):

☐ Started New Business

☐ Bought Existing Business

☐ Inherited Business

☐ Secured Franchise

☐ Secured Concession

☐ Merger or Consolidation

☐ Other

☐ Date of Acquisition \_\_\_\_\_

**8e.** Name & Position of all person(s) with ownership interest.

(*Check all that are applicable. If no positions are held, state 'none'.*)

Name	Position	Group Code*	% Owned	Sex	US Citizen or Permanent Resident Alien
_____	_____	_____	_____	M or F	Yes or No
_____	_____	_____	_____	M or F	Yes or No
_____	_____	_____	_____	M or F	Yes or No

\* Group Code Key

- Black                      - Hispanic                      - Asian-Pacific                      - Native American
- Spanish                      - Non-Minority                      - Other

**9.** Please identify the cash and capital contributions to the firm by those identified in 8e, including gifts, equipment, loans, and expertise.

<u>Contributor/Source</u>	<u>Amount/Value</u>	<u>Type/Date of Contribution</u>

**10a.** If the firm is a partnership, please complete for all partners.

<u>Name</u>	<u>Total Amount/Value of Contributions</u>	<u>Date of Ownership</u>

**10b.** If the firm is a corporation, please complete for all shareholders.

<u>Name</u>	<u>No. of or Shares</u>	<u>Common Paid When Preferred</u>	<u>Amount Paid When Purchased</u>	<u>Date of Ownership</u>

**10c.** If a corporation, number of shares:

Common Authorized \_\_\_\_\_ Common Issued \_\_\_\_\_

Preferred Authorized \_\_\_\_\_ Preferred Issued \_\_\_\_\_

- 11. Gross Receipts (*Sales*).** Please provide gross receipts for the last 3 years.  
(*If in business for less than 3 years complete as applicable.*)

\$ _____	\$ _____	\$ _____
Current Year (19____)	Last Year (19____)	Previous Year (19____)

- 12. Number of employees** (*Please average over the past year.*)

Permanent	Temporary
Full-Time _____	Full-Time _____
Part-Time _____	Part-Time _____

- 13. If licensing, permits or accreditation is required to conduct the business, please identify:**

<u>Type of License/Permit</u>	<u>Issued by</u>	<u>Issue Date</u>	<u>Exp. Date</u>	<u>Holder/Registrant</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- 14a. Check all that best describe the business operation.**

☐ Construction-Related

☐ Professional Service

☐ Technical Service

☐ Consumer Service

☐ Manufacturer/ Supplier

☐ Retail

☐ Other (explain) \_\_\_\_\_  
\_\_\_\_\_

- 14b. Describe principal products/commodities sold, specialties or services offered** (*Please explain.*)

\_\_\_\_\_  
\_\_\_\_\_

**15a.** Identify those individuals responsible for managerial operations (*State if owner or non-owner.*)

\*For Group Codes, see Page 17.

<u>Name &amp; Title</u>	<u>Sex</u>	<u>Group Code*</u>	<u>Owner or Non-Owner</u>
1.Financial Decisions			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
2.Estimating			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
3.Preparing Bids			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
4.Negotiating Bonding			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
5.Negotiating Insurance			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
6.Marketing & Sales			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
7.Hiring & Firing			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
8.Supervising Field Operations			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
9.Purchasing Equipment/Supplies			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
10.Managing & Signing Payroll			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
11.Negotiating Contracts			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner
12.Signators for Business Accounts			
_____	Male or Female	_____	Owner or Non-Owner
_____	Male or Female	_____	Owner or Non-Owner

**15b.** Please Identify additional staff persons. *If any individual also works for another firm, please circle yes and provide the person's name, his/her position, other firm's name, address, and telephone number.*

Name & Position	Other Firm Name, Address	Phone
1.Office staff		
Yes or No		( )
Yes or No		( )
2.Field/supervisory staff		
Yes or No		( )
Yes or No		( )
3.Estimator		
Yes or No		( )
Yes or No		( )
4.Controller		
Yes or No		( )
Yes or No		( )
5.Consultant ( <i>for firms involved in providing consultant/technical service or advisory service:</i> )		
Yes or No		( )
Yes or No		( )

**15c.** If this firm shares the following with any other firm, *please provide the other firm's name, address & telephone number.*

Other Firm Name	Address	Phone
1.Office space		
		( )
		( )
2.Yard space		
		( )
		( )



3.Equipment (include rentals)

	( )
	( )

**16a.** List rented, leased, or owned warehouse, plant, yard, and office facilities.

<i>Facility type</i>	<i>owner or name of Lessor and/or rental agent</i>	<i>If rented or leased, Amount of yearly rent payment</i>

**16b.** List major equipment or machinery that is owned or leased by the firm.

<i>Type</i>	<i>Depreciated dollar value</i>	<i>Acquisition date</i>	<i>Payment terms</i>

**17.** Do any principals, officers and/or owners of the firm have an affiliation (i.e. business interest or employment) with any other firm?

☐ Yes    If Yes, please complete the following:  
☐ No

<i>Name of person</i>	<i>Firm name &amp; address</i>	<i>Phone number</i>	<i>Nature of business</i>	<i>Nature of affiliation</i>
		( )		
		( )		
		( )		
		( )		
		( )		

**18. Attorney for firm.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

**19. C.P.A. or Accountant for firm.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Phone Number

**20a. Has the firm applied for certification as an M/WBE, or DBE with another governmental agency, department or authority?**

☐ Yes *If Yes, complete the following:*

☐ No

<u>Agency</u>	<u>Date</u>	<u>Contact Person</u>	<u>Phone</u>	<u>Specify</u> <u>M/W/DBE</u>
1. Pending with				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. Certified by				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3. Registered by				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
4. Withdrawn/Closed out				
_____	_____	_____	_____	_____
5. Rejected by				
_____	_____	_____	_____	_____

6. Denied by

\_\_\_\_\_ ( ) \_\_\_\_\_

7. Decertified by

\_\_\_\_\_ ( ) \_\_\_\_\_

**20b.** Are there appeals pending on any of the above applications or certifications?

☐ Yes

☐ No

Agency	Date of Appeal	Contact Person	Phone
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )
_____	_____	_____	( )

**21.** List the three largest accounts for which the applicant has provided goods or services within the last two years:

Firm Name & Phone	Account Dollar Amount	Location of Performance	Duration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**22.** Identify Bank(s) where firm's accounts are maintained.

Bank Name	Address	Contact	Type of Account	Account No.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**23.** Do you have a line of Credit?

☐ Yes *If Yes, Identify*

☐ No

Source	Limit	Name of Guarantor(s)
_____	_____	_____
_____	_____	_____

**24.** List major current creditors and/or lenders and types of investments and/or loans in the firm.

Name of creditor/lendor	Type of investment/ credit/loan	Dollar value of investment/ /terms/credit/loan

**25.** If your company is owned in full or in part by another firm, please identify the firm and the percentage of ownership interest. Include venture capitalists and other similar investors.

Firm Name	Address	Percentage Ownership

**26.** Is the firm bonded? *If yes, specify type and limit:*

☐ Yes

☐ No

Bonding Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Contact Person \_\_\_\_\_

Type \_\_\_\_\_ Limit \_\_\_\_\_

## **SUPPORTING DOCUMENTS**

### **A. REQUIRED FOR ALL APPLICANTS**

Attached copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes.

**NOTE: If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.**

- ☐ 1. Resumes of all principals, partners, officers and/or key employees of the firm as per 8(e), 10(a) and 15(a). Show home address and telephone number, education, training and employment with dates.
- ☐ 2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
- ☐ 3. Current financial statement
- ☐ 4. Most recent three years' Federal, State and City tax returns including all schedules, where applicable.
- ☐ 5. Proof of sources of capitalization / investments.
- ☐ 6. Proof of ethnicity (i.e., Birth Certificate, Baptismal Certificate, U.S. Passport, etc.)
- ☐ 7. Proof of U.S. citizenship (i.e., Birth Certificate, Baptismal Certificate, U.S. Passport, Naturalization Certificate, etc.)
- ☐ 8. Proof of permanent resident alien status i.e., permanent resident ("green") card.
- ☐ 9. Lease Agreements per 16(a) and 16(b)
- ☐ 10. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc.
- ☐ 11. Any employment agreements.
- ☐ 12. Vehicle registration(s).
- ☐ 13. Any certification, decertification or denial or certification documentation.
- ☐ 14. Proof of Small Business Administration 8(a) Certification (copy of all approval letters).
- ☐ 15. Written request for exemption from disclosure regarding trade secrets.

## **SUPPORTING DOCUMENTS**

**B. REQUIRED FOR A SOLE PROPRIETORSHIP-**

*(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes)*

- ☐ 1. Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk (if doing business under an assumed name).

**C. REQUIRED FOR A PARTNERSHIP AND A JOINT VENTURE PARTNERSHIP-**

*(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes)*

- ☐ 1. Business Certificate.
- ☐ 2. Partnership agreement.
- ☐ 3. Buy-out Rights.

**D. REQUIRED FOR A CORPORATION-**

*(Attach copies of the following: Please indicate documents submitted by checking appropriate boxes)*

- ☐ 1. Articles of incorporation, including date approved by State.
- ☐ 2. Corporation By-Laws.
- ☐ 3. Minutes of first corporate organizational meeting and amendments.
- ☐ 4. Copies of all issued stock certificates, front and back, as well as next, unissued certificate.
- ☐ 5. Copy of stock ledger.
- ☐ 6. If applicable, furnish copies of agreements relating to:
- a. Stock options
  - b. Shareholder agreements
  - c. Shareholder voting rights
  - d. Restriction on the disposal of stock loan agreements
  - e. Facts pertaining to the value of shares
  - f. Buy-out rights
  - g. Restrictions on the control of the corporation

7. List of current Board of Directors including group code, sex, and effective dates.

Name	Position	Group		Sex	Date
		Code			
				Male or Female	
				Male or Female	
				Male or Female	

### DEFINITIONS OF MBE, WBE AND DBE

**MINORITY BUSINESS ENTERPRISE (MBE)** - A business enterprise which is at least fifty-one percent (51%) owned by, or in the case of a publicly owned business at least fifty-one percent (51%) of the stock of which is owned by citizens or permanent resident aliens meeting the ethnic definitions of:

- Black
- Hispanic
- Native American

**WOMEN-OWNED BUSINESS ENTERPRISE (WBE)** - A business enterprise which is at least fifty-one percent (51%) owned by or in the case of a publicly owned business at least fifty-one percent (51%) of the stock of which is owned by citizens or permanent resident aliens who are women.

**DISADVANTAGED BUSINESS ENTERPRISE (DBE)** - A small business concern which is at least fifty-one percent (51%) owned and controlled by one or more socially and economically disadvantaged individuals or, in the case of a publicly owned business, at least fifty-one (51%) of the stock of which is owned by one or more socially and economically disadvantaged individuals; and whose management and daily business operations are controlled by one or more such individuals.

“Socially and economically disadvantaged individuals” are individuals who are citizens or lawful permanent residents of the United States and who are:

- Black
- Hispanic
- Spanish
- Native American
- Women, regardless of race or ethnicity

Members of other groups or other individuals found, on a case-by-case basis, to be economically and socially disadvantaged by the U.S. Department of Transportation grant recipients or by the Small Business Administration under Section 8(a) of the Small Business Act, as amended (15 U.S.C.637 [a] ).

**Nassau County  
Office of Minority Affairs  
Minority/ Woman-Owned Business Enterprise  
Certification Long Form**

**UNIFORM CERTIFICATION APPLICATION**

This application must be verified under oath in the following manner:

(A) if the enterprise is a sole proprietorship, by owner; or if the enterprise is a partnership, by partner; or

(B) if the enterprise is a corporation, by the principal officer designated by the Board of Directors. All applicants **MUST** read and review all items preceding the verification before signing. These items contain responsibilities of the applicant, rights retained by the County of Nassau and penalties that may be applied for false statements.

**FIRST**, this Application form, the supporting documents, and any other information provided in support of the Application are considered part of the Application. It is recognized and acknowledged that the information contained in this Application is given under oath and the any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the Applicant by the State of New York. In addition, the applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the State of New York.

**SECOND**, pursuant to the provisions of the Personal Privacy Protection and Freedom of Information Laws, an agency may not disclose information submitted in an Application, unless such disclosure is made pursuant to applicable federal and state laws. Except as provided in paragraph eight below, information, which an applicant request (in writing) to be held exempt, will be exempt from disclosure under the New York State Freedom of Information Law, if it qualifies as a trade secret or confidential information.

**THIRD**, Nassau County Office of Minority Affairs (NCOMA) may require proof of minority or women status, in addition to the information disclosed in this Application. By filing this Application, the applicant agrees to submit additional proof if it is requested, and acknowledges that NCOMA may decide not to certify the Applicant as a Minority or Women-Owned Business, if the additional proof is not submitted within 20 days after it is requested by NCOMA.

**FOURTH**, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by NCOMA for the purpose of determining whether the Applicant is, or continues to be, an eligible Minority or Women-Owned Business. The applicant acknowledges that its certification may be immediately denied or revoked, if such examinations or interviews are refused; or if NCOMA determines as a result of the examinations or interviews, that the Applicant does not qualify or continues to qualify as a Minority or Women-Owned Business Enterprise.

**FIFTH**, by filing this Application, the Applicant consents to inquiries that may be directed by NCOMA to the Applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification. If the Applicant fails to permit such inquiries to be made, such failure may be grounds for denying or revoking the Applicant's certification.

**SIXTH**, the Applicant agrees to provide notice to NCOMA of any material change in the information contained in the original application within 30 days of such change.

**SEVENTH**, certification is normally granted for a period of two (2) years. However NCOMA may require the submission of a New Application, additional information, examinations of the Applicant's principals and employees at any time before the expiration of the two (2) year certification period. The Applicant's Failure to submit such material, or to consent to such examinations and interviews, shall be grounds for immediate revocation of certification.

**EIGHTH**, by filing this Application, the Applicant consents to NCOMA's sharing reports, summaries, reviews, analyses, recommendations and determinations related to this Application with other certifying agencies, which may request such information as a result of the Applicant submitting this application for Certification to those agencies.

I have read and acknowledge the foregoing.

**Signature of Owner/Applicant**

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## VERIFICATION

STATE OF \_\_\_\_\_ )  
 ) SS.:  
COUNTY OF \_\_\_\_\_ )

(A)

\_\_\_\_\_, being duly sworn, states he or she is the owner of (or a partner in) the enterprise making the foregoing Application and that the statements and re-presentations made in the Application are true to his or her own knowledge.

(B)

\_\_\_\_\_, being duly sworn, states that he or she is the  
Name of Corporate Officer  
\_\_\_\_\_, of \_\_\_\_\_,  
Title of Corporate Officer Name of Corporation

the enterprise making the foregoing application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Notary Public

Person assisting in completing the Application:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone No.